

# Congress of the United States

Washington, DC 20515

July 24, 2003

The Honorable J. Dennis Hastert  
Speaker of the House  
U.S. House of Representatives  
Room H-232, The Capitol

Dear Mr. Speaker:

We are writing to express our grave concern regarding the significant cuts in cancer care reimbursement contained in both S.1 and H.R. 1, the Medicare prescription drug and modernization bills. Both measures include provisions that would sharply cut Medicare funding for cancer care provided to Medicare beneficiaries. The reduction in the Senate bill totals an estimated \$16 billion, according to Congressional Budget Office estimates, and the House provision imposes an approximately 30% annual cut in Medicare funding for cancer care, according to Congressional committee analysis.

We are concerned about the impact that such unprecedented cuts would have on Medicare beneficiaries with cancer. As you know, cancer has touched virtually every American's life. According to data compiled by the American Cancer Society, 1 in 2 men and 1 in 3 women will be diagnosed with cancer, and an estimated 60% of all annual cancer diagnoses occur among Medicare beneficiaries. The proposed cuts target community-based cancer care, which CDC data indicate is received by more than 4 out of 5 patients with cancer. As a result, the impact of the proposed cancer care cuts – including delayed treatment and the potential loss of access to care – will be felt by millions of patients and families in urban and rural communities, all across America.

We are also concerned that these proposals will force some cancer caregivers to close central and satellite treatment facilities, leaving patients with long drives to and from the cancer treatment they need. The cuts could also mean that some caregivers will be forced to reduce their nursing staff, valuable professionals who provide exceptional care. Just as troubling, the cuts could reduce the number of patients who can participate in clinical trials, thereby reducing their access to breakthrough therapies and potentially harming America's clinical research progress. Finally, the cuts could mean that some caregivers will no longer be able to accept new Medicare patients. If that happens, patients will be forced to seek treatment at other locations. Hospitals have indicated they do not have the capacity or nursing staff to treat a large volume of new patients on an outpatient basis. This combination will create a crisis in cancer care in our country, just as the Baby Boom generation begins to enter the Medicare program.

For all these reasons, America's cancer community -- including patient, advocacy, research, and provider groups -- have taken a clear stand in opposition to these cuts. Instead, the cancer

community has asked Congress to undertake balanced reform of the Medicare program that will preserve patient access to care.

We concur with the cancer community that reimbursement reform for drugs and related practice expenses is badly needed. There is no question that Medicare currently overpays for drugs. However, there is also no question that Medicare also currently underpays for related practice expenses. That is because the services of oncology nurses, pharmacists, social workers and others involved in the delivery of quality cancer care are not adequately reflected in Medicare payments.

We believe we need to strengthen the Medicare program and fix its flawed reimbursement system for drugs and services. We also believe that such reform needs to be balanced and fair, so that patients and their families are not unintentionally harmed by our action.

As the Conference Committee meets to develop a consensus Medicare proposal, we ask that the current proposals to reform Medicare reimbursement for cancer care be replaced with a new system that accurately reflects both the actual cost of drugs and the actual cost of providing quality patient care. By doing so, access to community-based cancer care will be preserved, as will be so much of the progress America has achieved in its War on Cancer.

Sincerely,

Ed Shrock

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